

AED Quality Assurance & Performance Report

Incident/Class Date: _____ (Month/Day/Year)

Technician's Name: _____ EMS No.: _____

Fire Department: _____ No. _____
Session: 6

- | | | |
|------------------|-------------------|-------------------|
| 1. Initial Class | 3. Second Quarter | 5. Fourth Quarter |
| 2. First Quarter | 4. Third Quarter | 6. Field Event |

Training Level: 1. EMT 2. First Responder 3. Other

Defibrillator: _____ 1. LP 12 3. HS 300 5. Z M-Series 7. Z 1600
 2. LP 300 4. FR-2 6. Forerunner 8. Other

Study I.D.: _____

MIRF Form: ☐ Yes ☐ No Electronic Data: ☐ Tape: ☐ Yes ☐ No

Patients Last Name: _____ Male ☐ Female ☐ Age: _____

Witnessed Arrest: ☐ Yes ☐ No Bystander CPR: ☐ Yes ☐ No

Estimated Time of arrest: 00:00:00

Call Time (24HR.): 00:00:00

BLS Arrival time: 00:00:00

Power on time: 00:00:00

First shock: or First no shock: 00:00:00

Total lapsed time: 00:00:00

No Audio on card or tape: ☐ Yes

Check defib clock with dispatch: ☐ Yes

Medics arrived right after defib hook up: ☐ Yes

Problems: ☐ Electrode connection ☐ CPR artifact ☐ VF not shocked ☒ Other

☐ Incorrect sequencing ☐ Battery problem ☐ Non VF shocked

Yes No

Performance Objectives

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Verifies cardiac arrest and immediately begins CPR (MUST PASS)
Time of power on: 00:00:00 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Identifies self, department, and patient short report
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Identifies correct placement of and properly places defibrillation pads |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Clears patient prior to every rhythm analysis
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Clears patient prior to every shock (MUST PASS)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | Time of first shock: 13:22:32 or first no shock: |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. First shock on board in less then 60 seconds: 00:00:57 |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Checks pulse before CPR, after CPR, and when a "No Shock" is advised
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Provides updated patient information at least once |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Technician effectively directs resuscitation and patient care |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Technician announces arrival of Medics |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Technician has command of the defib protocols |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Does the technician understand the proper operation of their machine |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Is scene safety a top consideration during resuscitation |

Instructor Comments and Notes

Instructor's Name: Terry Sinclair 206-296-4382

Instructor's Signature: _____